

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

N.C. Dept. of EHNR

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

AUG 27 1993

Date Received

Winston-Salem

Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NC Div. of Forest Resources
(Corporation, Individual, Public Agency, or Other Entity)Street Address: PO Box 27687County: WakeCity: Raleigh State: NC Zip Code: 27611Tele. No. (Area Code): (919) 733-2162

II. LOCATION OF TANK(S)

Facility Name or Company NC Div. of Forest ResourcesFacility ID # (if available) 0-021805Street Address or State Road: Box 272 Hargrave RdCounty: Davidson City: Lexington Zip Code: 27292Tele. No. (Area Code): (704) 956-2111

III. CONTACT PERSON

Name: Ed Sykes Job Title: Regional Ranger Telephone Number: (919) 542-1515

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Froehling & Robertson, Inc.Address: PO Box 2551 Raleigh State: NC Zip Code: 27602Contact: J. D. Solomon Phone: 828-3441

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
0-021805-1	500	Fuel Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-2	1,000	Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-3	1,000	Fuel Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
-4	3,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Patrick E. Harris, Construction Specialist

*Scheduled Removal Date: August 30, 1993Signature: Patrick E. HarrisDate Submitted: 8/26/93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.